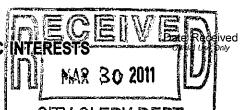
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTE



Please type or print in ink.

Toles George 1. Office, Agency, or Court Agency Name City Of Cathedral City Division, Board, Department, District, if applicable Your Position City Council Council Council Member ► If filing for multiple positions, list below or on an attachment. Agency: Cathedral City Redevelopment Agency Position: Board Member 2. Jurisdiction of Office (Check at least one box) State State State State State State County of County of County of County of Cathedral City Other	Samuel PRACTICES COMPISSION I MFR - 1 PH 2: 34
Agency Name City Of Cathedral City Division, Board, Department, District, if applicable City Council Fiffiling for multiple positions, list below or on an attachment. Agency: Cathedral City Redevelopment Agency Position: Board Member 2. Jurisdiction of Office (Check at least one box) State Multi-County County of Council Member	RACTICES CON
City Of Cathedral City Division, Board, Department, District, if applicable City Council If filing for multiple positions, list below or on an attachment. Agency: Cathedral City Redevelopment Agency Position: Board Member 2. Jurisdiction of Office (Check at least one box) State Judge (Statewide Jurisdiction) Council Member	RACTICES CON
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City Council Council Member If filing for multiple positions, list below or on an attachment. Agency: Cathedral City Redevelopment Agency Position: Board Member 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge (Statewide Jurisdiction) ☐ Multi-County ☐ County of	RACTICES CON
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Agency: Cathedral City Redevelopment Agency Position: Board Member 2. Jurisdiction of Office (Check at least one box) State Multi-County County of	ES CONT
2. Jurisdiction of Office (Check at least one box) State Multi-County County of	ES CONT
☐ State ☐ Judge (Statewide Jurisdiction) ☐ Multi-County ☐ County of	PH 2: 34
☐ State ☐ Judge (Statewide Jurisdiction) ☐ Multi-County ☐ County of	10 AL 4 MISSIO
☐ Multi-County ☐ County of	15.517 17.510
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3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left	
The period covered is/, through December 31, The period covered is January 1, 2 2010.	2010, through the date of
Assuming Office: Date 12 / 1 / 10 Of leaving office.	/, through the date
Candidate: Election Year Office sought, if different than Part 1:	
4. Schedule Summary	
Check applicable schedules or "None." ► Total number of pages including this cover pages.	age:
Schedule A-1 - Investments schedule attached Schedule C - Income, Loans, & Business Po	ositions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payme	ents schedule attached
-or-	
None - No reportable interests on any schedule	
5. Verification	
Date Signed Signature	
(month, day, year)	

SCHEDULE A-1 Investments

Stocks

(O) Do no

s, bonds, and Other Interests	110000
wnership Interest is Less Than 10%)	1
of attach brokerage or financial statements.	

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Gaiam	Morgan Stanley Smith Barney
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retail Distribution	Brokerage
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other Other	NATURE OF INVESTMENT Stock ☐ Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
12 , 1 , 10 , , 10	/ / 10 / / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Defined Benefits Solutions	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401K Management	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT 401K Retirement Acct	NATURE OF INVESTMENT
	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 10 , , , 10 </u>	<u>//_10</u> /
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
OF MEDIAL DESCRIPTION OF PURPLESS ASSESSED.	OFFICE ALL PROPERTY OF THE PRO
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,000
☐ 4100,001 - 41,000,000 ☐ C4el 41,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Name	

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
469 Crescent Avenue	_
CITY	CITY
Buffalo, New York 14213	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / 10 / 10	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 / / 10 / /
☐ \$10,001 - \$100,000 / 10 / 10 / 10 / 10 / 10 / 10 /	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source
interest, list the name of each tenant that is a single source of income of \$10,000 or more.	income of \$10,000 or more.
income of \$10,000 or more.	
income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc	income of \$10,000 or more.
income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal load of business must be disclosed as follows:
income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the page 1.000 or more.	income of \$10,000 or more.
income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER*	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal lose of business must be disclosed as follows:
Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal load of business must be disclosed as follows:
Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable)	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal load of business must be disclosed as follows:
Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal los of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
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income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal load of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD
income of \$10,000 or more. Duplex - each tenant is under \$10,000 You are not required to report loans from commerc of business on terms available to members of the pand loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	income of \$10,000 or more. ial lending institutions made in the lender's regular cours public without regard to your official status. Personal load of business must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Gaiam, Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
350 Madison Avenue 17th Floor New York, NY	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Distribution	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Vice President, Business Development	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000 St.
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other	Other (Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
available to members of the public without regard to y	
not in a lender's regular course of business must be o	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
□ • · • · • · • · • · • • • • • • • • •	
\$10,001 - \$100,000	Guarantor
☐ S10,001 - \$100,000	
	Other(Describe)
	Other
	Other

SCHEDULE D Income - Gifts

CALIFORNIA FORM	
Name	

▶ NAME OF SOURCE	► NAME OF SOURCE
Sang Chae	Tom & Bonnie Barkley
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Quality Inn Suites HWY 111 Cathedral City, 92234	35-943 Date Palm Drive
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hotel Owner	Restaurant Owners
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 3 , 10 s 40 Lunch	3 , 9 , 11 _{\$} 30 Drinks
2 , 2 , 11	\$
	\$
► NAME OF SOURCE	► NAME OF SOURCE
Richard Altman	V
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
68-369 SunAir Drive Cathedral City, CA 92234	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hotel Owner	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 , 2 , 10 _{\$} 150 Hotel Room	
11 , 2 , 10 s Champagne	
► NAME OF SOURCE	► NAME OF SOURCE
Mark Winn	i
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
67580 Dunes Road Cathedral City, CA 92234	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investor	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 15 , 10	
	s
Comments:	